								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAT					
.тс	OTAL CLAIMS	28					.	RATE FEE		EE	1	RATE	FEE	
FÖR			NUMBER FILED		NUMBER EXTRA			BASIC F	_	5.00	00	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2/3 minus 20=		• 8.			X\$ 9=			OR	X\$18=		
INE	EPENDENT C	LAIMS	5 minus 3 =		• 2			X43=				X86=	144	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			-145			+-	•	OR	+290=	172	
* 11	the difference	in column 1 is	less than zero, enter "0" in colu			column 2		TOTAL			OR		14	
											OR	TOTAL	10°80	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							٠	SMAL	L ENTI	TY	OR	OTHER SMALL		
NTA	5/10/04	CLAIMS REMAINING AFTER		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	AD TIO	VAL		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	* 28	Minus	PAID!	POH			X\$ 9=			OR	X\$18=	- 55	
	Independent	. 5	Minus	ن . •••		-	ı	X43=	+-			X86=	1	
Ā	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT		CLAIM	IM		743=	-	H	OR	700-		
1/11. 20, 26, 27,								+145=			OR	+290=		
11 07 11								TOTA ODIT. FE			OR ,	TOTAL ADDIT. FEE		
4-27-00 (Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADI TION FE	JAL	·	RATE	ADDI- TIONAL FEE	
NON	Total	. 49	Minus	**		•		X\$ 9=			OR	X\$18=		
AME	Ind pendent	• () NTATION OF MU	Minus	OENDENT.	CL AUA	-		X43=	T		OR	X86=		
	rino i Prese	NIXIION OF MO	LIFLE DEPENDENT		COAIM			+145=			OR	+290=		
							A	TOTA DDIT. FEI			OR ,	TOTAL ODIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	,	s . ·		X\$ 9=		\Box	OR	X\$18=		
	Independent	•	Minus	***		=		X43=		╗		X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1—	⊢ '	OR			
. 14	the entre la est-	nn 1 le lann than th	a antau la ant	man O water	W le ee	ioma 3		+145=			OR	+290=		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE														
		mber Previously Pai ber Previously Paid					foun	d in the a	ppropriat	e bax i	in catu	mn 1.		

FORM PTO-875 (Rev. 10/03)

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